



AUTHORIZATION AGREEMENT

FOR AUTOMATIC DEPOSIT OF MIAMI-DADE COUNTY WARRANTS

We hereby authorize the Finance Department to initiate credit entries to our account (identified below) in the financial institution named below and authorize the financial institution to credit the same to our account.

This authority is to remain in effect until revoked by us in writing to the Finance Department. Account changes must be reported to the Finance Department thirty (30) days prior to the actual change.

Please complete the following information:

SECTION 1 (TO BE COMPLETED BY VENDOR)													
TYPE OF TRANSACTION:	ADD	CHANGE	DELETE										
	_____	_____	_____										
VENDOR NAME:	_____												
FISCAL OFFICER:	_____												
TELEPHONE NUMBER:	_____												
FEDERAL TAX IDENTIFICATION NUMBER:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
FISCAL OFFICER SIGNATURE/TITLE:	_____												

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)											
DIRECT DEPOSIT TO BE MADE TO:											
FINANCIAL INSTITUTION NAME: _____											
ADDRESS: _____											
TELEPHONE NUMBER: _____											
ROUTING & TRANSIT NUMBER/BANK NUMBER:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
ACCOUNT # OF VENDOR	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
TYPE OF ACCOUNT:											
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS										
BANK OFFICIAL SIGNATURE _____	DATE _____										

SECTION 3 (TO BE COMPLETED BY FINANCE)	
DATE RECEIVED: _____	ACH INDICATOR UPDATE: _____
VENDOR NUMBER: _____	CASH MANAGEMENT APPROVAL: _____
ACCOUNTS PAYABLE UNIT SUPERVISOR APPROVAL: _____	